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CIVIL COVER SHEET

JS-44 (Rev. 11/2020 DC)												
I. (a) PLAINTIFFS					DEFENDANTS							
Judicial Watch, Inc.				Ιυ.	U.S. Department of Justice							
		11001		COLINITY OF REGIDENCE OF FIRST LICENS STEELS AVE								
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 11001 (EXCEPT IN U.S. PLAINTIFF CASES)				COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT (IN U.S. PLAINTIFF CASES ONLY)								
•		S, AND TELEPHONE NUMBER)	NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED ATTORNEYS (IF KNOWN)						ED		
	IVIE, ADDRES	5, AND TELEFITONE NUMBER	.)	A	TIOKNETS	(II. KNO W	(IN)					
Lauren M. Burke JUDICIAL WATCH,	INC											
425 Third Street S.\		00										
Washington DC 20024; Tel (202) 646-5712												
II. BASIS OF JURISDICTION			III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN x IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!									
(PLACE AN x IN ONE B		PLAI	NIIFFAN	PTF DFT				ERSITY CASES ONLY!	PTF	DFT		
1 U.S. Government Plaintiff	3 Federal Question (U.S. Government Not a Party)		Citizen of th				O 1	In cornerated on Dain - ! 1 D1-		O 4	O 4	
1 id littii 1					State	J. J.		Incorporated or Principal Place of Business in This State				
2 U.S. Government		versity	Citize	en of Ano	ther State	O 2	O 2			O 5	O 5	
Defendant	(Ir	(Indicate Citizenship of		0111110	tilel State	0 2	O 2	Incorporated and Principal I of Business in Another Stat			03	
	Pa	rties in item III)	Citizen or Sub			O 3 O 3				06	06	
			Forei	gn Count	ry			Foreign Nation		O 6	O 6	
IV. CASE ASSIGNMENT AND NATURE OF SUIT												
(Place an X in one category, A-N, that best represents your Cause of Action and <u>one</u> in a corresponding Nature of Suit)												
O A. Antitrust	O B. 1	Personal Injury/		O C.	Admini	istrativ <i>e</i>	Ageno	21/	O D. Tempore	arv Resi	raining	
Malpractice				•	C. Administrative Agency Review			Order/Preliminary				
410 Antitrust		-			35 11				Injunctio			
		rplane rplane Product Liability		151 Medicare Act								
		sault, Libel & Slander	Social Security					Any nature of suit from any category may be selected for this category of				
		deral Employers Liability		861 HIA (1395ff)					case assignment.			
	340 M	arine		862 Black Lung (923)								
345 Marine Product Liability				863 DIWC/DIWW (405(g)) 864 SSID Title XVI					*(If Antitrust, then A governs)*			
		350 Motor Vehicle			865 RSL (405(g))							
		otor Vehicle Product Liabil Ther Personal Injury	ity	Other Statutes 891 Agricultural Acts 893 Environmental Matters 890 Other Statutory Actions (If								
		edical Malpractice										
		oduct Liability										
	367 H	ealth Care/Pharmaceutical										
Personal Injury Product Liabi			ility	lity Administrative Agency is Involved)								
368 Asbestos Product Liability				Involveu)								
O E. General Civ	il (Othan)	OR		0	F Du	Se Gen	anal C					
Real Property	ii (Oinei)	Bankruptcy					ierui C	ıvıı	1			
210 Land Condemn	ation	422 Appeal 27 USC 1	58		Federal Tax Suits 870 Taxes (US plaintiff or				465 Other Imm	igration .	Actions	
220 Foreclosure 423 Withdrawal 28 U				7	defendant)				470 Racketeer Influenced			
230 Rent, Lease & Ejectment					871 IRS-Third Party 26 USC 7609			& Corrupt Organization				
240 Torts to Land 245 Tort Product Liability 245 Tort Product Liability					7009			480 Consumer Credit				
245 Tort Product Liability 290 All Other Real Property 535 Death Penalty 540 Mandamus & Ot			ther		Forfeiture/Penalty			485 Telephone Consumer Protection Act (TCPA)				
550 Civil Rights				625 Drug Related Seiz			Protection A		()			
Personal Property 555 Prison Conditions				Property 21 USC 881			850 Securities/Commodities/					
370 Other Fraud 560 Civil Detainee – C			Conditions		U90	U 050 Other			Exchange			
371 Truth in Lending of Confinement 380 Other Personal Property					Other Statutes			896 Arbitration				
Damage Property Rights					375 False Claims Act			899 Administrative Procedure				
385 Property Damage 820 Copyrights					376 Qui Tam (31 USC			Act/Review or Appeal of				
Product Liabili	830 Patent				3729(a)) State Re	apportio	nment	Agency Decision 950 Constitutionality of State				
835 Patent – Abbre					400 State Reapportionment 430 Banks & Banking			Statutes				
	Drug Application 840 Trademark	~			450 Commerce/ICC Rates/etc			890 Other Statutory Actions				
	880 Defend Trade Se	crets A	ct of	460 Deportation			(if not administrative agency					
2016 (DTSA)					462 Naturalization			review or Privacy Act)				
		2010 (D15A)				Applicati						

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O G. Habeas Corpus/ 2255 530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien Detainee	O H. Employment Discrimination 442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation)	 O I. FOIA/Privacy Act ■ 895 Freedom of Information Act ■ 890 Other Statutory Actions (if Privacy Act) 	J. Student Loan 152 Recovery of Defaulted Student Loan (excluding veterans)						
	(If pro se, select this deck)	*(If pro se, select this deck)*							
K. Labor/ERISA (non-employment) 710 Fair Labor Standards Act 720 Labor/Mgmt. Relations 740 Labor Railway Act 751 Family and Medical Leave Act 790 Other Labor Litigation 791 Empl. Ret. Inc. Security Act	L. Other Civil Rights (non-employment) 441 Voting (if not Voting Rights Act) 443 Housing/Accommodations 440 Other Civil Rights 445 Americans w/Disabilities – Employment 446 Americans w/Disabilities – Other 448 Education	M. Contract 110 Insurance 120 Marine 130 Miller Act 140 Negotiable Instrument 150 Recovery of Overpayment & Enforcement of Judgment 153 Recovery of Overpayment of Veteran's Benefits 160 Stockholder's Suits 190 Other Contracts 195 Contract Product Liability 196 Franchise	N. Three-Judge Court 441 Civil Rights – Voting (if Voting Rights Act)						
V. ORIGIN									
O 1 Original Proceeding From State Court C									
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) 5 U.S.C. Section 552; Failure to produce records requested under FOIA									
VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$ UNDER F.R.C.P. 23 JURY DEMAND: Check YES only if demanded in complaint YES NO X									
VIII. RELATED CASE(S) (See instruction) IF ANY (See instruction) YES NO If yes, please complete related case form									
DATE:03/16/22	SIGNATURE OF ATTORNEY OF RECORD/s/ Lauren M. Burke								

INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET JS-44 Authority for Civil Cover Sheet

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and services of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. Listed below are tips for completing the civil cover sheet. These tips coincide with the Roman Numerals on the cover sheet.

- I. COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF/DEFENDANT (b) County of residence: Use 11001 to indicate plaintiff ir resident of Washington, DC, 88888 if plaintiff is resident of United States but not Washington, DC, and 99999 if plaintiff is outside the United States.
- III. CITIZENSHIP OF PRINCIPAL PARTIES: This section is completed only if diversity of citizenship was selected as the Basis of Jurisdiction under Section II.
- IV. CASE ASSIGNMENT AND NATURE OF SUIT: The assignment of a judge to your case will depend on the category you select that best represents the <u>primary</u> cause of action found in your complaint. You may select only <u>one</u> category. You <u>must</u> also select <u>one</u> corresponding nature of suit found under the category of the case.
- VI. CAUSE OF ACTION: Cite the U.S. Civil Statute under which you are filing and write a brief statement of the primary cause.
- VIII. RELATED CASE(S), IF ANY: If you indicated that there is a related case, you must complete a related case form, which may be obtained from the Clerk's Office.

Because of the need for accurate and complete information, you should ensure the accuracy of the information provided prior to signing the form.